

APPENDIX 1

JUSTIFICATION FOR MODIFIED RECOMMENDATIONS

NICE 13.5.1.1/Recommendation 3. Mental health services should work in partnership with local stakeholders, including those representing ~~Black, Asian and minority ethnic~~ groups, to enable people with schizophrenia to stay in work or education, and to assess new employment (including self-employment), volunteering and educational activities.

Reason for modification: Given the ethnic diversity of Canada and the need to address other aspects of identity of possible concern (e.g., gender identity issues) we elected to use the more generic wording, “minority groups” rather than specify particular ethnic or other identities.

SIGN/Recommendation 4. Individual CBT should be offered to all individuals diagnosed with schizophrenia whose symptoms have not adequately responded to anti-psychotic medication and where persisting symptoms, ~~and/or depression~~ **and/or anxiety** are being experienced.

Reason for modification: This was modified to include anxiety because of the prevalence of anxiety symptoms in patients with schizophrenia, and the availability of effective CBT interventions for anxiety.

NICE 1.3.7.1/Recommendation 5. CBT should be delivered on a one-to-one basis over at least 16 planned sessions and (strong recommendation):

- Follow a treatment manual so that:
 - People can establish links between their thoughts, feelings or actions, and their current or past symptoms and/or functioning;

- The re-evaluation of people's perceptions, beliefs or reasoning relates to the target symptoms.
- Also include at least one of the following components:
 - People monitoring their own thoughts, feelings or behaviours with respect to their symptoms or recurrence of symptoms;
 - Promoting alternative ways of coping with the target symptom;
 - Reducing distress
 - Improving functioning. (2009)

Replaced with:

It is important that CBT be delivered by appropriately trained therapists following established, effective protocols, with regular supervision being available. It should be delivered in a collaborative manner and include established principles of CBT including patients monitoring the relationship between their thoughts, feelings, behaviours and symptoms; re-evaluation of perceptions, beliefs and thought processes, which contribute to symptoms; promotion of beneficial ways of coping with symptoms; reduction of stress and improvement of functioning. The minimum dose of CBT should be regarded as 16 planned sessions.

Reason for Modification: This was modified to be more succinct and to remove specific mention of delivery on an individual basis as it was concluded that the evidence was insufficient to justify this aspect of the recommendation.

